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ABSTRACT

This is the final report of the National Council of La Raza's (NCLR) Focus Study examining the opinions, attitudes, and needs of Mexican American single women, relating to implementation of national welfare reform legislation. Over a 2-year period NCLR staff held focus groups with Mexican American women in four communities: Phoenix, Arizona; Mora, New Mexico; Pharr, Texas; and Kansas City, Missouri. An overview of the first-year study is provided. During the second year the study examined Aid to Families with Dependent Children (AFDC), welfare-to-work programs including the Job Opportunities and Basic Skills Program (JOBS), the labor force, and child care. The report concludes that: (1) poverty is the central issue expressed by each focus group; (2) there is a dilemma between working with no health care benefits and depending on welfare with Medicaid; (3) individualized training programs are needed; (4) the women are active in the work force but need stable jobs with health benefits; (5) child care is a major concern of the participants; and (6) participants badly need more knowledge about the AFDC and the JOBS programs. Also discussed are implications for welfare reform in particular, and poverty policy in general. Appendices include: (1) an overview of the 1988 Family Support Act (FSA); (2) study site profiles; (3) participant profiles; (4) a second-year discussion guide; (5) a second-year background questionnaire; (6) a state JOBS program update; and (7) descriptions of state programs. (LP)

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The National Council of La Raza (NCLR), the largest constituency-based national Hispanic organization, exists to improve life opportunities for the more than 22 million Americans of Hispanic descent. A nonprofit, tax-exempt organization incorporated in Arizona in 1968, NCLR serves as an advocate for Hispanic Americans and a national umbrella organization for more than 140 community-based organizations serving Hispanics in 36 states, Puerto Rico, and the District of Columbia. NCLR seeks to create opportunities and address problems of discrimination and poverty through four major types of initiatives:

- Capacity-building assistance to support and strengthen Hispanic community-based organizations;
- Applied research, public policy analysis, and advocacy on behalf of the entire Hispanic community, designed to influence public policies and programs so that they equitably address Hispanic needs;
- Public information efforts to provide accurate information and positive images of Hispanics in the mainstream and Hispanic media; and
- Special catalytic efforts which use the NCLR structure and reputation to create other entities or projects important to the Hispanic community, including international projects consistent with NCLR's mission.

NCLR is headquartered in Washington, D.C. and has program offices in Los Angeles, California; Chicago, Illinois; Phoenix, Arizona; and McAllen, Texas.

The Poverty Project

The Poverty Project serves as NCLR's base for information and advocacy regarding Hispanic poverty in the United States. The Poverty Project develops research and policy analysis reports, conducts advocacy, provides policy analysis training to local affiliates, and disseminates information to legislators, the media, national and local organizations, and the public sector.

The Focus Study

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FOR MY CHILDREN:

Mexican American Women, Work, and Welfare

Focus Study Report #2

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EXECUTIVE SUMMARY

Woman-maintained families are an important segment of the Hispanic poor. In states like Arizona, California, Colorado, New Mexico, and Texas, Hispanic woman-maintained households make up a quarter of the households receiving Aid to Families with Dependent Children (AFDC). Although recent welfare reform legislation may potentially affect thousands of Hispanic single mothers and their children, little research exists for guiding such policies. The following report is the second and final report from the Focus Study, the National Council of La Raza's (NCLR) two-year examination of the opinions, attitudes, and needs of Mexican American women, particularly as they relate to implementation of national welfare reform legislation.

Methods

Section II of this report describes the methods used in the Focus Study. The core of the Focus Study was a series of structured discussions known as "focus groups." Over a two-year period, NCLR staff held focus groups with Mexican American women in four communities: Phoenix, Arizona; Mora, New Mexico; Pharr, Texas; and Kansas City, Missouri.

The primary purposes of the study's first year were to gain an understanding of woman-maintained Mexican American families and to identify subject areas to be explored in the second year. Based on the first-year findings, NCLR selected three subjects for exploration in the second year: AFDC and welfare-to-work programs, the labor force, and child care. In the second year, NCLR examined these subjects in order to draw conclusions about the public policy questions and issues the Focus Study raises.

First-Year Study

Section III of this report summarizes the first-year findings highlighted in the 1990 NCLR report *On My Own: Mexican American Women, Self-Sufficiency, and the Family Support Act.* This report found that:

- Focus group participants believed they could improve their economic status and had plans to do so. They also showed a high level of initiative and resistance to dependence on welfare, whether they used welfare or not.
- Focus group participants emphasized the following barriers to economic security: lack of jobs, lack of access to good jobs, lack of high quality child care, and lack of transportation.
- Women expressed serious concerns about the quality and safety of child care centers, and a preference for child care provided by relatives. While this preference for care by relatives was strongly and widely voiced, many women showed a willingness to consider another form of child care that was familiar to them, met their standards, and allowed them to be close to their children.

Second-Year Study

Section IV of this report discusses the second-year focus group findings.

AFDC and Training. In every group, women cited the need for health care as the main reason they participate in the AFDC program. Focus group participants reported few changes in AFDC and little knowledge or understanding of JOBS. Many women described their confusion and suspicion regarding the AFDC system. Focus group partici-

pants' experiences with low-quality training and work experience programs had left them frustrated and angry.

The Labor Force. Most focus group participants had work experience, primarily in low-wage positions with no health benefits. The types of jobs held varied by location and by language proficiency. Women who spoke Spanish were likely to work as farm workers or domestics, or to have stayed out of the labor force as homemakers. English speakers had mostly clerical and fast food service experience. Women in every group made a distinction between the types of jobs that would help them gain economic self-sufficiency and the low-wage work with which they could not support families.

Child Care. Focus group participants expressed two strong sets of opinions regarding child care. Some women felt strongly that children should be cared for by family members; this was particularly true among mothers with small children. Others believed that child care centers provided an opportunity for their children's educational development.

Study Conclusions and Implications

Section V of this report discusses the implications of the Focus Study for welfare reform in particular, and poverty policy in general. The section concludes that:

- The unique challenges of women's poverty is the central issue which emerged from this study; these issues arose in each focus group, whether women used welfare or not.
- These women face a choice between working with no health care benefits for their children, or turning to welfare in order to provide their children with Medicaid.
- The women in these focus groups wanted to participate in appropriate, individualized training programs.
- These low-income women have been active in the work force — but it is a work force that has offered them part-time, unstable, low-wage work without health benefits. Other work force issues raised included discrimination and women's self-employment through employment.
- The women in this study have strong opinions about who takes care of their children while they work or participate in training.
- Few of the Mexican American women in either year of this study were aware of changes in AFDC; most had little knowledge or understanding of JOBS.

Section V also discusses policy implications:

- Policies to assist the Mexican American working poor must include specific strategies for woman-maintained families.
- Policy makers must recognize that Mexican American women may use AFDC to provide for their children when no other alternatives exist.
- Lack of health care causes women to need welfare.
- Policies to promote single mothers' self-sufficiency must recognize the growing proportion of low-wage jobs in the U.S. economy.

- To ensure success with Mexican American AFDC recipients, training programs should recognize and incorporate the range of skills and experience — including nontraditional skills such as bilingualism — that Mexican American women bring to training programs.
- No single appropriate formula exists for providing child care to Mexican American single mothers.

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I. INTRODUCTION

The Focus Study

Woman-maintained families are an important segment of the Hispanic poor. In 1990, more than one out of three (37.3%)[1] Mexican American families in poverty was headed by a woman. In states like Arizona, California, Colorado, New Mexico, and Texas, Hispanic woman-maintained households make up a quarter of the households receiving Aid to Families with Dependent Children (AFDC).[2] Although recent welfare reform legislation may potentially affect thousands of Mexican American single mothers and their children, little research exists for guiding such policies. The National Council of La Raza (NCLR) has therefore undertaken the Focus Study, a two-year examination of opinions, attitudes, and needs of Mexican American women, particularly as they relate to implementation of national welfare reform legislation. The Poverty Project, a component of NCLR's Office of Research, Advocacy, and Legislation, conducted this study in collaboration with members of NCLR's nationwide network of Hispanic community-based organizations.

Family Support Act

In 1988, Congress passed the Family Support Act (FSA), major welfare reform legislation designed to move people off AFDC through education, training, and employment. FSA's Job Opportunities and Basic Skills (JOBS) program mandates each state to establish an employment and training program for people who receive AFDC. Under FSA, each state had until October 1990 to establish its own JOBS program for people who receive AFDC — mostly women raising children alone.

Prior to FSA, some states had welfare-to-work programs in place, while others did not. From state to state, programs varied in content, structure, and size. Although FSA requires each state to design and maintain its own JOBS program, each must also meet specific federal guidelines. For example, each state must provide child care and transportation for women participating in the program, and child care and Medicaid for those leaving AFDC for employment. FSA also requires each state to provide assistance to eligible two-parent families with an unemployed primary earner (For a detailed description of FSA, see Appendix A).

The Final Report

This report is the second[3] and final Focus Study report. It includes a summary of the study's first-year findings, highlights from the second-year findings, and overall study conclusions.

II. METHODS

Focus Groups

The core of the Focus Study was a series of structured discussions known as "focus groups." Over a two-year period, Poverty Project staff held focus groups[4] with Mexican American women in four low-income communities.[5]

First-Year Study

The primary purposes of the study's first year were to gain an understanding of issues affecting woman-headed Mexican American families and to identify subject areas to be explored in the second year. In the first year, NCLR structured the focus group discussions around six topics: formal and informal support systems, parenting, training and education, AFDC, welfare reform, and participants' future plans and aspirations. Based on the findings from these six topics, NCLR selected three subjects for exploration in the second year: AFDC and welfare-to-work programs, the labor force, and child care.

Second-Year Study

In the second year, NCLR examined these subjects in order to draw conclusions about the public policy questions and issues the Focus Study raises. NCLR followed the methods used in the first year, with some revisions, as described below.

Study Sites

The second year of the Focus Study included the same study sites as the first year. Between December 1990 and January 1991, NCLR staff conducted focus groups in four communities: Phoenix, Arizona; Mora, New Mexico; Pharr, Texas; and Kansas City, Missouri (See Appendix B, Study Site Profiles). In the first year, JOBS had been implemented only in Mora. In the second year, JOBS had begun in each site except Kansas City.

Community Coordinators

As in the first year, NCLR collaborated with an Hispanic community-based organization in each site. NCLR selected these organizations from its network on the basis of their geographic location, expressed interest, and capacity to successfully complete the project. In each community, the organization designated a staff member to serve as the local Community Coordinator. Community Coordinators were responsible for participant recruitment, study logistics (e.g., securing a quiet room, refreshments, etc.), and transportation and other assistance for focus group participants.

Mexican American Focus

Both the first and second years of the study focused on Mexican Americans, the largest nationality group of Hispanics in the United States.[6] A parallel study is in progress which focuses on Puerto Ricans.[7]

Participant Recruitment

In both years, Community Coordinators recruited using a uniform recruitment process developed by NCLR.[8] However, in the second year, NCLR revised its participant criteria in order to address the topics selected for study:

- To focus more closely on AFDC, NCLR instructed Community Coordinators to recruit only AFDC recipients.

- To examine the experiences of women of all ages, NCLR imposed no age criteria on participants.
- To better assess the issues facing monolingual Spanish speakers and women without community-based program experience, NCLR requested Community Coordinators to target their recruitment to both these groups of women.

Differences Between First- and Second-Year Participants

Because of these revisions, second-year participants differed from first-year participants in several ways:

Age. In the first year, focus group participants were all Mexican American women under age 21. The average age of second-year focus group participants was 29.1 years.

Receipt of AFDC. First-year focus groups included women receiving AFDC benefits and women not receiving AFDC benefits. In the second year, all focus group participants were AFDC recipients.

English Proficiency. In the first year, 4% of the focus group participants were monolingual Spanish speakers,[9] compared to 17% in the second year. Language proficiency varied by site: in Phoenix and Kansas City, all focus group participants were either bilingual or monolingual English speakers. In Mora, 19 of the 23 participants were bilingual. In Pharr, 11 of the 20 participants were monolingual Spanish speakers; nine were bilingual.

Training Program Participation.[10] In the first year, 44% of all focus group participants had participated in a community-based training program. In the second year, 26 participants (34%) had experience with a community-based training program (Appendix C of this report includes a statistical profile of the second-year focus group participants).

Group Structure

In the second year, 76 women participated in the focus groups. The smallest group included seven participants; the largest included 12. In Phoenix and Kansas City, NCLR requested Community Coordinators to divide focus group participants into two groups: those with significant training experience and those with little or no training experience.[11] In Mora and Pharr, NCLR requested Community Coordinators to schedule one focus group to be conducted in Spanish and one to be conducted in English.[12]

Discussion

Each focus group discussion was shaped by the same set of questions, a "discussion guide" developed by NCLR (See Appendix D: Second-Year Discussion Guide). NCLR designed the second-year discussion guide to address the three topics selected for study in the second year. To ensure continuity, study director Julie Quiroz moderated all focus groups in both years. To ensure confidentiality, each focus group included only Quiroz (as moderator), study coordinator Regina Tosca (as recorder), and the participants.

III. SUMMARY OF FIRST YEAR FINDINGS

First-Year Report

On My Own: Mexican American Women, Self-Sufficiency, and the Family Support Act (NCLR, 1990) highlights themes from the first-year focus group findings. The following section summarizes that report's findings as they relate to the second-year topics.

AFDC and Training

First-year focus group participants believed they could improve their economic status and had plans to do so. They also showed a high level of initiative and resistance to dependence on welfare, whether they used welfare or not. First-year participants were optimistic about their futures, despite their low socioeconomic status. They were eager to participate in training programs, believing that training would help them secure good jobs and become financially independent.

Because all first-year participants were women under age 21, the first-year report questioned whether their optimism reflected their youth and lack of experience with training programs.[13] For example, do older AFDC recipients have the same high aspirations and expectations as younger AFDC recipients? What experiences have older women had with training and how have those experiences affected them?

Obstacles to Employment

First-year focus group participants emphasized the following barriers to economic security: lack of jobs, access to good jobs, high quality child care, and transportation. Women in Mora, Pharr, and Kansas City were primarily concerned with unemployment and the prevalence of low-wage, low-benefit, and part-time jobs.[14] In Phoenix, first-year focus group participants tended to believe that good jobs existed, but were located far away or had high educational requirements; several women also described experiences with perceived discriminatory hiring practices.[15] Women who had received training reported difficulties in finding a job even after receiving training; upon completing training, many had been told by potential employers that they lacked relevant work experience. In every group, women discussed the challenges of combining work and parenting responsibilities. In Mora and Phoenix, women were particularly concerned with lack of transportation.

The report raised questions about whether the type and quality of training these women had received could help them find good jobs, and whether training programs need to be combined with some form of job creation. The first-year report also questioned whether the experiences of the focus group participants — most of whom were U.S.-born and English-proficient — were comparable to those of non-English-proficient women.[16]

Child Care

Women expressed serious concerns about the quality and safety of child care centers and a preference for child care provided by relatives.[17] Concerns about child care centers focused primarily on lack of safety and individualized attention. While the preference for relative care was strongly and widely voiced, many women showed a willingness to consider another form of child care that was familiar to them, met their standards, and allowed them to be close to their children.

On the basis of these findings, the first-year report raised the following child care questions: Do Mexican American women generally prefer child care provided by relatives? If so, what are the reasons for this preference?

IV. SECOND-YEAR FINDINGS

The following section presents highlights from ' ' three topics addressed in the second-year focus group discussions, including quotations[18] from the focus group participants.

Summary

In every group, women cited the need for health care as the main reason they participate in the AFDC program. Focus group participants reported few changes in AFDC and little knowledge or understanding of JOBS. Many women described their confusion and suspicion regarding the AFDC system. Focus group participants' experiences with low-quality training and work experience programs had left them frustrated and angry.

Most focus group participants had work experience, primarily in low-wage positions with no health benefits. The types of jobs held varied by location and by language proficiency. Women who spoke Spanish were likely to work as farmworkers or domestics, or to have stayed out of the labor force as homemakers. English speakers had mostly clerical and fast food service experience. Women in every group made a distinction between the types of jobs that would help them gain economic self-sufficiency and the low-wage work with which they could not support their families.

Focus group participants expressed two strong sets of opinions regarding child care. Some women felt strongly that children should be cared for by family members; this was particularly true among mothers with small children. Others believed that child care centers provided an opportunity for their children's educational development.

A. AFDC and Training

We don't really need the welfare, but we need [Medicaid]. I tried to get just the [Medicaid], but I couldn't.

Health Care and AFDC

In every group but one,[18] women described health care as their central reason for participating in the AFDC program. Employment makes them ineligible for Medicaid, but the jobs they hold usually do not provide health benefits. However, as AFDC recipients, they and their children receive health care through the Medicaid program.

> *The only reason I like the welfare checks is for the Medicaid. [My daughter] has kidney problems. The doctor she sees is very expensive. When I work in the packing sheds, they take away my welfare check and my Medicaid card.* (Pharr, Spanish speaker)

> *I was working but they cut my AFDC and my Medicaid, so I quit. I needed the Medicaid. If they hadn't cut me off Medicaid, I could have still worked.* (Kansas City, English speaker)

> *We don't really need the welfare, but we need [Medicaid]. I tried to get just the [Medicaid], but I couldn't.* (Phoenix, English speaker)

> *I had insurance, but it wouldn't cover my pregnancy. I quit my job and got on AFDC. I needed the [Medicaid].* (Phoenix, English speaker)

> *[When I was working] they took me off Medicaid, and that's one of the reasons I got on AFDC.* (Kansas City, English speaker)

Perception of JOBS

Although JOBS implementation was under way in Pharr and Phoenix at the time the focus groups were held, few women in those sites had observed changes in the AFDC program.

> *I heard you get [Medicaid] for a year after you get a job. I think it could help people to get off [AFDC]. Step-by-step will probably work. I think a lot of people are afraid of getting cut off immediately.* (Phoenix, English speaker)

Several comments from the Texas focus groups suggested that Spanish-speaking women — despite their limited English proficiency — had been placed in work search activities which did not address their language barriers.[20]

> *If you're at a real high level, you can go to school. If not, like at my place, they selected five of us to look for work because we didn't have a lot of education.* (Pharr, Spanish speaker)

Confusion, Frustration

Many women described confusion, frustration, and suspicion regarding both JOBS and the AFDC system.

> *They told me to go to work. It was a month ago. [The letter] was in English so I hardly understood anything; I just looked at it. I talked to [the AFDC office] the next day to say "What does this mean?" because I didn't understand anything. The woman said "I can't give you that information." I said "Should I come in?" and she said, "No. Why would I want you here?" I didn't know what more to say; then she hung up on me.* (Pharr, Spanish speaker)

> *We need a Mexican [in the AFDC system]. A Mexican has never gotten very high in a place like that. Why not give a Mexican the opportunity to work up there? Not just people that are educated; a Mexican can do that too. That would make a big difference because Anglos normally give more to their own people. A Mexican could understand us.* (Pharr, English speaker)

Inadequacy of Benefits

In every group, women were concerned with the low level of their AFDC benefits. Many women described their reliance on informal family and community networks, as well as community-based organizations that provide food boxes, diapers, and transportation subsidies.

> *The hardest thing is making that [AFDC] check last a whole month.* (Phoenix, English speaker)

> *I had to call [the community-based organization] because [my children] didn't have winter clothes and they brought them to me.* (Kansas City, English speaker)

AFDC And Work

Because they are unable to support themselves with AFDC, and because they cannot work without having their AFDC benefits reduced or cut off,[21] many women work intermittently at temporary or informal jobs.

> *Normally when I apply for the welfare check, I only use it for about three months because I find whatever work I can.* (Pharr, English speaker)

Isolation

In every group, women expressed a desire to meet as a group with other women. During focus group sessions and in the informal conversations which followed, women helped each other with information and advice, and discussed common experiences. Several women recommended that such group meetings be held on a regular basis.

I cleaned dishes in the cafeteria. That's not training; I already know how to do that.

Past Experience

Focus group participants' experiences with training and work experience programs had left them frustrated and angry.

CWEP

Women in Mora described their participation in the Community Work Experience Program (CWEP), which they considered to be unpaid, dead-end work. For example, some women's on-the-job training consisted of working as janitors and cooks in the local school.

> *I cleaned dishes in the cafeteria. That's not training; I already know how to do that.* (Mora, English speaker)

> *I [signed up for on-the-job training] one time because they said there was the possibility of a hire. I cleaned the gym at the school. They took advantage of me.* (Mora, English speaker)

Individual Assessment

In Pharr and Phoenix, women were critical of training programs that were structured without assessment of their individual needs and skills. Some described training programs which required women to complete a basic skills component before receiving vocational skills training. Women who felt confident of their basic skills felt better assessment was needed to place women in the appropriate training.

> *I've gone to high school and I know math and English. They should let those people who know [basic skills] go on to computers.* (Phoenix, English speaker)

Private Training Programs

In Kansas City, some women described private training programs which lured participants with the promise of a "guaranteed job." Focus group participants told of friends or relatives who had completed such training but never found jobs. This kind of experience had left them skeptical about the effectiveness of programs and the credibility of the schools and organizations which administered them.[22]

> *They guarantee you that job at the end [of training] and you don't have anything because they don't have a job for you.* (Kansas City, English speaker)

English Proficiency

Spanish-speaking women in Pharr and Kansas City experienced additional difficulties with training programs. Some had been told by caseworkers that they could not participate in training programs because they could not speak English. In Kansas City, a Spanish-speaking woman had been reassigned to a new caseworker three times because she had not complied with directions given her. None of her caseworkers spoke Spanish.

> *[My caseworker told me] I couldn't participate [in the training program] because that was for people that spoke English.* (Pharr, Spanish speaker)

> *All the training is in English.* (Pharr, Spanish speaker)

B. The Labor Force

I've worked everywhere. I worked in an office; I've cleaned houses. My last job was at a cleaners: I ironed tablecloths for a restaurant.

Work Experience

Most focus group participants had some work experience. While the types of positions they had held varied by location, most had worked in low-wage occupations which provided few if any benefits.

> *I started working [at a fast food restaurant] at $3.60 and three years later I was making $4.50. You can't live on that.* (Phoenix, English speaker)

> *They say you can work your way up but I was working [at a fast food restaurant] a year and I was only making $4.00 an hour. Those places don't get you nowhere. They promise you all kinds of things and they give you nothing.* (Phoenix, English speaker)

> *I've worked everywhere. I worked in an office; I've cleaned houses. My last job was at a cleaner's: I ironed tablecloths for a restaurant.* (Kansas City, English speaker)

> *I've always worked in the [fruit and vegetable] packing houses and in the garment industry.* (Pharr, Spanish speaker)

Lack of Benefits

In Phoenix and Kansas City, focus group participants discussed experiences with jobs in which health care benefits were not provided; some women had quit jobs which had not provided health benefits.

> *I liked what I was doing, but since I was working part-time — even though some weeks I'd work 40 hours — they didn't give me health insurance. When my kids got sick, it was expensive.* (Kansas City, English speaker)

> *I was making money, but I had no insurance. Every time one of my kids got sick, I had to pay a lot of money.* (Kansas City, English speaker)

No Work

In Mora and Pharr, focus group participants described experiences with unemployment.

> *If there was work, I'm sure we'd all be working.* (Mora, English speaker)

> *[I wish the government] would create work, so we could support ourselves, so that we wouldn't have to depend on welfare.* (Pharr, Spanish speaker)

> *Sure, training would be great. But where are you going to get a job?* (Mora, English speaker)

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They're going to be opening a fish hatchery. I bet they already know who's going to work there. (Mora, English speaker)

Definition of Good Job

Women in every group made a distinction between the types of jobs that would help them gain economic self-sufficiency and the low-wage work with which they could not support families.

I want to work for the state, because they pay well, give you health insurance and paid holidays. That's a good job. (Phoenix, English speaker)

To get a good job you need at least two years of college. A good job is one that you have to go to school for. (Kansas City, English speaker)

A good job would pay $9-$12 an hour. You could make $7 at [a nearby ski resort], if you're lucky. (Mora, English speaker)

One woman in Phoenix described how she had impressed a potential employer by her poise and confidence in an interview, never admitting that she lacked the actual skills needed for the job. Once she got the job, she was unable to do the required computer work.

I had a good job. I had good pay, an office, a title, you know, everything that women on AFDC want. But when they found out I had no skills or experience, I was fired. (Phoenix, English speaker)

Need/Desire to Work

Most women expressed both a need and a desire to work. In addition to the financial benefit, working gave them a sense of independence.

I would much rather work and make my own money. (Pharr, English speaker)

I don't want to be depending on the government the rest of my life. I want to work. (Phoenix, English speaker)

I want to get a good job, get out of the projects and not even be on welfare anymore. (Phoenix, English speaker)

Spanish Speakers

In Pharr, monolingual Spanish speakers described problems related to their inability to speak English. Some were unable to find permanent work; others were unable to find any work. Several Spanish speakers had never been employed because they had been homemakers.

If I was able to communicate with someone, I'd love to do something. But I don't know English very well. (Pharr, Spanish speaker)

It's hard for someone who doesn't speak English, because you can't find [permanent] work; but there's packing houses, packing oranges, tomatoes, fruit. (Pharr, Spanish speaker)

[The need to know English] depends upon the class of work. For those of us in [the garment industry], they say "sew" and that's it. (Pharr, Spanish speaker)

I've never worked. It's a mistake, right? That's how [my husband] was. It seemed like he would be there. Then he passed away. (Pharr, Spanish speaker)

C. CHILD CARE

Now that she's small, she's with me. When she gets older, I'll take her to day care.

Mixed Opinions

Focus group discussions revealed a range of opinions, attitudes, and experiences concerning child care. Some women were firmly against putting their children in day care centers, preferring care provided by relatives and friends. Others believed child care centers were good for their children.

Family-Based Care

Some women were adamant about using relatives for child care. Their concerns were based on questions about safety and the amount of individual supervision provided by day care workers. Some women had tried child care centers and been unsatisfied with the care their children had received. Others had heard from friends and newspapers about physical and sexual abuse at day care centers. One woman cited her own abuse as a child as one reason for her refusal to try child care centers.

> *I don't trust anybody. You can't nowadays. You don't know who might molest them.* (Phoenix, English speaker)

> *I was sick one day and I went home from school early. I went to pick him up first [at the day care center]. When I walked in there, he was wet. They hadn't changed him all day. I'll never let anyone else outside of my family take care of him.* (Kansas City, English speaker)

Center-Based Care

Other women preferred child care centers, pointing to the educational instruction their children received. Some also believed their children benefitted from interaction with other children, and that mothers benefitted from separation from their children.

> *[At the day care center] they teach [my son] so he's doing something, not just sitting there. He's five and he's already learning. He's asking questions. It's good.* (Kansas City, English-speaker)

> *For me, it was really hard to leave my daughter [in day care], but I left her. I wanted to tell them to take care of her this way or that way. I gained from it; it's strengthening for the women themselves. They have to leave them.* (Pharr, Spanish speaker)

Child's Age

Although no overall pattern emerged, women with older children were more likely to use center-based care than women with younger children.

> *Now that she's small, she's with me. When she gets older, I'll take her to day care.* (Phoenix, English speaker)

> *If [my children] were older, they could take care of themselves [in day care], but not if they're younger.* (Mora, English speaker)

V. OVERALL STUDY CONCLUSIONS AND POLICY IMPLICATIONS

As the 1990 Focus Study report stated, focus groups help "develop insight, in-depth understanding of attitudes and behavior, and direction for planning or further research."[23] Over the course of two years, the Focus Study has generated insights into the lives of the half million Mexican American single mothers in the U.S. It has provided a texture and human quality that is frequently missing from quantitative research. The following section assesses the implications of the Focus Study for the Family Support Act (FSA) in particular, and poverty policy in general.

Study Conclusions

Based on the findings from the Focus Study, NCLR draws the following conclusions:

- **The unique challenges of women's poverty are the central issues which emerged from this study; these issues arose in each focus group, whether women used welfare or not.** In the first year of this study, the young low-income women receiving AFDC shared similar attitudes and experiences with those not receiving AFDC. Among the second-year focus group participants — all AFDC recipients of any age — none fit the welfare dependency stereotype. The Mexican American women in this study were seeking to earn an adequate living. As women and as low-income Mexican Americans, they have faced the challenges of finding work, supporting a family as a low-wage worker, and trying to ensure their children's well-being with the help of welfare.

- **These Mexican American women face a choice between working with no health care benefits for their children, or turning to welfare in order to provide their children with Medicaid.** These women "depend" on welfare to provide health care benefits for their children — benefits that many jobs do not offer. In the first year, women described their need for Medicaid. In the second year, women in nearly every focus group described the need for health care as their central reason for participating in the AFDC program.

- **The women in these focus groups wanted to participate in appropriate, individualized training programs.** Many of the young focus group participants were involved in training programs, believing that high quality training would enable them to become economically secure. Second year focus group participants were more selective about training, often describing their frustration and anger with work experience or training programs from which they had not benefitted. In both years, focus groups participants believed that appropriate and individualized training could help them achieve economic security. They considered training "appropriate" if it would help them qualify for good jobs; they considered training "individualized" if it would take into account the education, work experience, and English-proficiency level of the participant.

- **These low-income women have been active in the work force — but it is a work force that has offered them part-time, unstable, low-wage work without health benefits.** These women believe in a work ethic, but not at the expense of their children. They lack decent jobs, not motivation. In the first year, women described their individual efforts to rise above the types of jobs held by the women around them. In the second year, women described their efforts to support their families given the types of jobs available. Other work force issues raised included:

  - **Discrimination.** Some first-year focus group participants described discriminatory hiring practices. Many first- and second-year study participants believed that employers deliberately provided only part-time jobs.

  - **Self-support through employment.** These women did not — or could not — rely on men for their economic security. Many of the first-year focus group participants described their rejection of marriage as a means of achieving economic security. Second-year focus group participants described economic hardship following divorce or widowhood.

- **The women in this study have strong opinions about who takes care of their children while they work or participate in training.** Women in the first-year focus groups — most of whom had very young children — preferred child care provided by relatives and questioned the quality and safety of day care centers. In the second year focus groups, opinions were equally strong but more mixed. Second-year women generally had older children and more experience with child care centers.

- **Few of the Mexican American women in either year of this study were aware of changes in AFDC; most had little knowledge or understanding of JOBS.** Young focus group participants in the first year saw AFDC as a way to get past a temporary setback, such as an unplanned pregnancy; most viewed AFDC primarily as a "stepping stone" to financial security. Women in the second year focus groups saw AFDC as a way to meet their children's immediate needs; these women were more likely to approach AFDC with frustration and suspicion. Both years, women recommended that group discussions be established to foster information sharing and support among women facing similar situations.

Policy Implications

These conclusions suggest six major policy implications.

- **Policies to assist the Mexican American working poor must include specific strategies for mother-only families.** Because these women are both low-wage workers and welfare recipients, their experiences blur the public policy distinction between the "working poor" and the "welfare dependent." While FSA focuses primarily on moving AFDC recipients into the work force, additional policies need to address the specific barriers single mothers face in the work force. For example, programs for assisting the working poor — such as Unemployment Insurance — must address single mothers' concentration in part-time, part-year work.

- **Policy makers must recognize that Mexican American women may use AFDC to provide for their children when no other alternatives exist.** Efforts to reduce welfare "dependency" must include options for mothers to provide for their children's economic well-being. States must also work with Mexican

American community institutions to ensure that women become aware of potential opportunities. Finally, states should identify ways in which the Hispanic community — including program participants — can take part in program outreach, design, implementation, and evaluation, to assure that programs meet Hispanic needs.

- **Lack of health care causes women to need welfare.** A health care "safety net" must be established for all low-income people. FSA's transitional Medicaid program does not address working single mothers' need for health care once they leave the program. Although there are many elements to include in a health care safety net, this study suggests that at a minimum, income — not welfare use — should determine health care program eligibility. This change would take one step toward ensuring that women are not forced to choose between employment and health care for their children.

- **To ensure success with Mexican American AFDC recipients, training programs should recognize and incorporate the range of skills and experience — including nontraditional skills such as bilingualism — that Mexican American women bring to training programs.** Training programs should be developed in coordination with Hispanic community-based organizations with which Mexican American women have ongoing interaction, respect, and trust. The success of a training program also depends on its provision of appropriate and individualized training, as well as demonstrated success in placing participants in jobs with decent pay, benefits, and opportunity for advancement. The potential for incorporating these elements into current programs exists in FSA's JOBS program implementation and in proposed revisions to the Job Training Partnership Act (JTPA) program. In the case of JOBS, each state can incorporate these elements into its program. In the case of JTPA, Congress can legislate increased targeting to the underserved Hispanic population and promote collaboration with Hispanic community-based organizations.

- **Policies to promote single mothers' self-sufficiency must recognize the growing proportion of low-wage jobs in the U.S. labor force.** Individual self-sufficiency must be viewed in the context of the choices and limitations presented by the changing U.S. economy. Such policies must also recognize employers' role in perpetuating economic instability among workers. For example, discriminatory hiring practices could be addressed through more effective civil rights enforcement. Involuntary part-time work could be addressed by enhancing mechanisms for employer scrutiny and accountability.

- **No one formula exists for providing child care to Mexican American single mothers.** Appropriate child care programs must provide a range of options, information on such options, and assistance in the child care decision-making process. Moreover, this study suggests that Mexican American women may face an "either/or" position: either family-based child care or educationally developmental child care. Strategies which blend educational and family-based approaches — such as those which emphasize family learning and parent empowerment — should be examined.

APPENDIX A:

An Overview of the Family Support Act

The Family Support Act (FSA) contains four central provisions:

1) Establishment of the Job Opportunities and Basic Skills Program (JOBS);

2) Expansion of the Child Support Enforcement Program;

3) Mandated state assistance to families with an unemployed parent (the "AFDC-UP" Program); and

4) Transitional services for Aid to Families With Dependent Children (AFDC) recipients leaving welfare for work.

The following is a brief description of these provisions.

1. The Job Opportunities and Basic Skills Program (JOBS)

JOBS mandates that states require AFDC recipients to participate in education and employment training activities; however, education and employment training programs may not be available to all AFDC recipients. Prior to FSA, states were required to operate Work Incentive (WIN) programs. In the 1980s, state WIN programs involved primarily job search activities or work experience programs, and operated on a small federally-funded budget. The following are some key provisions of the JOBS program.

a. By October 1, 1990, each state must develop a state plan describing how the state intends to implement the program. States must also periodically update this plan.

b. States must have JOBS programs in operation by October 1990 and be operating statewide by October 1992.

c. By 1995, states must meet participation quotas of up to 20% of those required to participate; participants can be volunteers or be mandated to participate. When serving a target population (See below), states must give first consideration to those who volunteer for JOBS programs. When serving non-target populations, there is no "volunteers first" requirement.

d. States must provide supportive services such as child care, transportation, and other work-related expenses necessary for participation in an approved activity.

e. Those exempt from participation include: parents with children under age three or, at state option, under age one; parents who are ill or incapacitated or caring for an ill or incapacitated person at home; women in advanced stages of pregnancy; and parents who are either attending school full-time or working more than 30 hours per week.

f. States must identify and provide education for individuals with limited English proficiency. However, the U.S. Department of Health and Human Services has determined that states can decide that English-language "instruction is not necessary for the participant to achieve self-sufficiency."

g. States may approve continuation of a self-initiated activity (i.e., an individual is in good standing in a post-secondary institution or vocational or technical training). This self-initiated activity can count toward the state's JOBS participation rate, but no federal JOBS funds may be used to meet the costs of the education or training. If the self-initiated activity is counted as a JOBS activity, the state must provide child care, transportation, and supportive services. States can also decide, upon review of an individual's employability plan, that s/he must accept employment, rather than continue in the self-initiated activity.

h. In order for states to receive maximum federal reimbursement under JOBS, they must expend 55% of JOBS funds on the following target populations:

- AFDC applicants and recipients who have received AFDC in 36 of the preceding 60 months;
- Custodial parents under age 24 who have not completed high school or have had little or no work experience in the previous year; and
- Individuals who are members of an AFDC family in which the youngest child is within two years of being ineligible.

i. Parents under age 20 who have not completed high school or its equivalent may be required to attend educational activities regardless of the age of their youngest child; they may also be required to participate in educational activities on a full-time basis. Parents who are age 18 or 19 may be placed in a work — rather than an education — activity, if they are not making good progress and their participation in educational activities is not necessary for employment goals.

2. The Child Support Enforcement Program

Under FSA, states will be subject to financial penalties if they do not meet progressively higher child support enforcement performance standards. FSA's changes were intended to improve the Child Support Enforcement Program's effectiveness in providing financial support for children. FSA's changes include:

a. All states must have procedures to require genetic testing in all contested paternity cases.

b. With some exceptions, states must institute immediate wage withholding from the absent parent in all new child support orders after January 1, 1994.

c. All states must meet federal standards regarding the length of time a state may take to respond to requests for paternity establishment in child support enforcement cases.

3. The Aid to Families with Dependent Children Unemployed Parent Program (AFDC-UP)

The AFDC-UP program provides cash assistance to needy two-parent families with an unemployed primary earner. Under FSA, states must have an AFDC-UP program in operation by October 1990. Prior to FSA, states were not mandated to operate AFDC-UP programs. As of 1989, 22 states did not have AFDC-UP programs.

4. Transitional Services

FSA requires time-limited transitional child care to individuals who lose AFDC eligibility due to employment; FSA also extended the provision of transitional Medicaid from four months to one year. FSA requires:

a. One year of transitional child care which requires co-payments by former recipients based on a sliding fee scale established by the state.

b. One year of transitional Medicaid, in which premiums can be charged in the second six months if family income is greater than 100% of the poverty line.

APPENDIX B:

Study Site Profiles

PHOENIX, ARIZONA

With a population of almost one million, Phoenix is the largest city in Arizona. Phoenix is located in Maricopa County which, together with Pima County, is home to 76% of the state's population. Major county industries include technology manufacturing, finance, retail, transportation, agriculture, and personal services. An estimated 80% of the new jobs created in Arizona over the next decade will be in these two counties. According to the 1990 Census, Hispanics represent 18.8% of Arizona's population and represent the state's largest minority. In South Phoenix, where this study was conducted, Hispanics comprise roughly 40% of the population.[24]

Most jobs in South Phoenix are in the manufacturing and retail industries. In 1980, 52% of South Phoenix women with children under 18 were employed. Almost 50% of South Phoenix residents had less than a high school education and 25% were living below the poverty level.[25]

Valle del Sol, the organization which coordinated the Focus Study in Phoenix, provides services including drug treatment and prevention services, family counseling, and educational resources. The organization's Family Services Center works with families at risk for child abuse and neglect. Counseling is provided to both individuals and families, either on-site or at the client's home. Parenting skills classes are offered to help prepare young parents to raise their children and cope with related stress.

Arizona's maximum monthly AFDC benefit for a family of three is $316,[26] or $3,792 per year. An Arizona family of three's total annual AFDC benefits fall well below the federal government's poverty line of $9,985.[27]

MORA, NEW MEXICO

Mora is a small town (population 1500) in an area known as the "Appalachia of the Southwest." Mora is located in San Miguel county, a mountainous rural county in northeastern New Mexico. Although San Miguel County and neighboring Mora County comprise 25% of the state's land mass, they are home to only 12% of the state's population.[28] Eighty-six percent of Mora's population are Hispanic.[29]

State and city government-operated schools, courthouses and parks provide the bulk of Mora's jobs.[30] County industries include ranching, farming, seasonal mining, and small family-run businesses, such as restaurants, grocery stores, and gas stations. During the 1980s, plant closings in the mining industry contributed to the area's already high unemployment rate;[31] in 1989, Mora's unemployment rate was 26.4%.[32]

The beauty of the northern New Mexico landscape belies its poverty. In 1989, nearly 40% of Mora's residents were poor.[33] In 1988, the median household income for San Miguel County was $12,879.[34]

The Home Education Livelihood Program (HELP), the Focus Study's coordinating organization in Mora, provides area families with housing assistance including utility and rental payments, provision of food and commodities, and referrals to other assistance programs. HELP also provides area youth with employment training, GED classes, and a summer employment program.

New Mexico's maximum monthly AFDC payment for a family of three is $310,[35] or $3,720 per year. A New Mexico family of three's total annual AFDC benefits fall well below the federal government's poverty line of $9,985.[36]

PHARR, TEXAS

Pharr (population 31,077) is located in Hidalgo County which, along with Cameron, Starr and Willacy Counties, comprise the Lower Rio Grande Valley of Texas. Eighty-eight percent of Pharr's residents are Hispanic, reflecting the fact that Pharr was once part of Mexico and is located about seven miles from the current U.S.-Mexico border. For Hidalgo County overall, 81.3% of the population are Hispanic.[37]

Hidalgo County's economy relies on its agriculture, tourism, electronic assembly, and machine manufacturing industries.[38] A freeze in 1989 disrupted crop production, driving an already high unemployment rate even higher, to between 16 and 18%.[39]

Although Pharr is considered one of the Valley's urban centers, it is surrounded by remote, self-contained rural areas. Over 26% of the county's residents live below the poverty level,[40] many of them in *colonias*, deeply impoverished unincorporated communities characterized by inadequate sewage facilities, contaminated water, and in some cases, lack of electricity.[41] Despite these conditions, only about 13% of the county's residents receive Medicaid, and only about 25% receive public assistance. Over 70% of the county's residents have no type of health insurance.[42] In 1988, the estimated median household income in Hidalgo County was $14,909.[43]

Hidalgo County Health Care Corporation (HCHCC) served as the coordinating organization for the Focus Study's Pharr focus groups. HCHCC provides many Valley residents with comprehensive health care that would otherwise not be available to them. HCHCC serves almost 20,000 clients annually, the majority of them poor and uninsured. HCHCC provides primary care, gynecological, dental, pharmaceutical, and immunization services, and assists with hospital payments for migrant farmworker mothers and their infants.

In 1989, Texas' maximum monthly AFDC payment to a one-parent family of three was $184, or $2,208 per year. A Texas family of three's total annual AFDC benefits fall far below the federal government's poverty line of $9,985.[44]

KANSAS CITY, MISSOURI

Kansas City (population 435,146)[45] is located at the juncture of the Missouri and Kansas Rivers, making it an inland port. The city's major industries include frozen food storage, greeting card production, and farm equipment distribution. Other city industries include automobile production and engineering.[46]

Hispanics represent 4% of the population in Kansas City.[47] Many Hispanics are concentrated in the West Side, a community which is 65% Hispanic.[48]

The Guadalupe Center, Incorporated, the Focus Study's coordinating organization in Kansas City, has been serving Kansas City's Mexican American community since 1919. The Center has programs focused on a broad array of issues such as education, the elderly, HIV/AIDS prevention, child care, recreation, job placement, and emergency services. The Center's Westside Teenage Pregnancy Program offers counseling, case management and parenting education to Hispanic teenage mothers. Program participants are 80% Hispanic; 70% are unmarried.[49]

Missouri's maximum monthly AFDC benefit for a family of three is $292,[50] or $3,504 per year. A Missouri family of three's total annual AFDC benefits fall well below the federal government's poverty line of $9,985.[51]

APPENDIX C:

Participant Profile

Table 1 on the following page provides statistical information on the second-year focus group participants. NCLR collected this information from a background questionnaire administered by the Community Coordinators prior to the focus groups, and from information discussed during the focus group sessions.

TABLE 1. SECOND-YEAR PARTICIPANT PROFILE

	PHOENIX		KANSAS CITY		MORA		PHARR		TOTALS	PERCENT
TOTAL PARTICIPANTS	19		15		22		20		76	100.0
	AM	PM	AM	PM	AM	PM	AM	PM		
TOTAL IN GROUP	9	10	7	8	10	12	11	9	76	
MEAN AGE	21.5	22.4	21.9	24.3	36.6	29.8	40	35.4	29.1	
Youngest	17	17	18	15	25	25	24	24	17	
Oldest	30	28	28	50	59	41	72	43	72	
MARITAL STATUS										
Never Married	5	7	5	7	4	0	1	3	32	42.0
Married	0	0	1	0	0	4	2	0	7	9.2
Divorced/Separated	4	3	1	1	6	8	7	5	35	46.0
Widowed	0	0	0	0	0	0	1	1	2	2.6
BIRTHPLACE										
United States	8	9	4	7	10	12	4	7	61	80.0
Mexico	1	1	3	1	0	0	7	2	15	20.0
LANGUAGE										
English Only	5	4	3	4	0	3	0	0	19	25.0
Spanish Only	0	0	0	0	1	0	9	2	12	15.8
English/Spanish	4	6	4	4	9	9	2	7	45	59.2
EDUCATIONAL STATUS										
In High School	0	0	0	0	1	0	0	0	1	1.3
High School Graduate	0	1	1	2	4	8	1	4	21	28.0
Non-Grad/Non-GED	1	1	4	5	5	1	10	5	32	42.0
In GED Program	6	7	0	1	0	0	0	0	14	18.4
GED Completed	2	1	1	0	0	3	0	0	7	9.0
Some College	0	0	0	0	1	0	0	0	1	1.3
AFDC (in years)										
Mean Length	1.3	2.5	1.8	4.3	9.1	5.4	4.9	6.6	4.8	
Longest	3	9	5	11	23	12	13	13	23	
Shortest	2(mos.)	2(mos.)	3(mos.)	1(mo.)	8(mos.)	1.5(yrs.)	1(yrs.)	2(mos.)	1(mos.)	

	PHOENIX		KANSAS CITY		MORA		PHARR		TOTALS	PERCENT
	AM	PM	AM	PM	AM	PM	AM	PM		
TRAINING PROGRAM PARTICIPATION										
None	1	1	4	7	6	7	11	6	43	58.0
One	6	8	3	1	3	5	0	3	29	38.0
CBO (Clerical)	6	7	0	0	0	0	0	0	13	17.1
JTPA/CETA	0	0	0	0	1	2	0	0	3	3.9
Technical School	1	0	0	0	0	2	0	0	2	2.6
Summer Youth	0	0	1	1	0	2	0	0	4	5.3
Welfare-to-Work	0	0	0	0	2	1	0	0	3	23.9
Job Corps	0	0	0	0	0	0	0	1	1	1.3
Other	0	1	0	0	0	0	0	2	3	3.9
Two or More	2	1	0	0	1	0	0	0	4	5.0
CBO/Job Corps	1	0	0	0	0	0	0	0	1	1.3
Job Corps/Summ.Yth	0	0	0	0	0	0	0	0	0	0
Other	1	1	0	0	1	0	0	0	3	3.9
CHILD CARE										
Self Only	0	0	6	7	1	2	4	1	21	27.6
Relative	0	3	0	0	2	3	4	5	17	22.4
Relative Only	0	2	0	0	1	0	3	5	11	14.5
Relative/Other	0	1	0	0	1	3	1	0	6	9.2
Other	9	7	1	1	7	7	3	3	38	50.0
Center	5	5	1	1	0	0	0	0	12	15.8
School	0	0	0	0	0	7	1	0	8	10.5
Family (non-cert.)	1	0	0	0	0	0	1	1	3	6.6
Cmty.-Based Org.	2	1	0	0	0	0	0	0	3	3.9
Head Start	0	0	0	0	0	0	1	1	2	2.5
Center & Cmty.-Based Org.	1	1	0	0	0	0	0	0	2	2.6
N/A	0	0	0	0	7	0	0	1	8	10.5
WORK EXPERIENCE										
None	1	2	3	3	0	0	1	1	11	14.5
Service/Clerical	4	5	0	3	4	6	3	4	29	38.2
Domestic	1	0	0	0	3	2	1	0	7	9.2
Manufacturing	0	1	3	2	0	0	2	0	8	10.6
Agricultural	0	1	0	0	0	0	2	2	5	6.6
Combination (service, domestic, agricultural, manufacturing)	3	1	1	0	3	4	2	2	16	21.0

APPENDIX D:

Second-Year Discussion Guide

The following discussion guide was used in all the second-year groups. The guide served as a general reference for the moderator; however, in each focus group, she frequently modified the wording, questions or structure to fit the discussion. For example, if a related issue was voiced with strong sentiment and interest, the issue was addressed though it may not have been accounted for in the discussion guide.

I. Introduction (15 minutes)

Good morning (afternoon) and thank you for coming. I'd like to start this session by introducing myself. My name is Julie and this is Regina. She will be my assistant for this session.

Regina and I work for an organization which researches Hispanic issues and is interested in discovering ways in which the lives of Hispanics in America can be improved. We are doing some research right now on Hispanic AFDC recipients and we'd like to get your input and opinions to help us understand some things. I'll tell you more about what we'll be doing as we go along.

Please feel free to say whatever is on your mind about the issues we are going to discuss. I want to know what you are thinking. And please be assured that what you say will have no effect on the services you are now receiving. I am from Washington and do not work for (organization). Although this organization has helped us coordinate the project locally, a national organization has actually sponsored the project. Whatever is said in this room will not be reported back to anyone here. Your names will not be used and you will not be identified with the remarks you make. Regina and I will be the only ones listening to the tapes. Your comments, along with others in the country, will be used to help us write a report on Hispanic AFDC recipients.

I will only run into problems if you don't say anything, because it's my job to get your ideas. So please participate as much as possible, remembering that everyone in the room should have an equal opportunity to respond. I may interrupt from time to time so that everyone has a chance to respond and so that I can cover the material.

Okay, we are going to be here until _____ am/pm. I promise to finish on time.

Just a few more things before we get started. I will be looking at this discussion guide occasionally to remind myself of the things I'd like to cover (hold up discussion guide). I may also look at my watch to keep track of time. Regina will be taking notes, changing the tapes and taking care of general housekeeping. She will not participate in the discussion.

Now, I'd like to go around the table and have each person tell us her name, where she lives and how many children she has.

(Introductions)

II. Warm-Up (15 minutes)

If everyone is all set, let's begin. These questions are for everyone, so whoever wants to start can.

1. I don't have children but I can imagine it must get difficult, and very time-consuming. How do you manage?
2. What's a typical day like for you? What do you do?

III. Discussion (60 minutes)

AFDC

3. How does your family support itself?
4. I know you all receive AFDC, because that's something you were asked before the meeting. Is that still true for everyone? How long have you been receiving it? When did you start? How long do you think you'll need it? Have there been any changes in the program recently?

WORK

5. Are you working or have you worked in the past? What kinds of jobs have you had? Are/were you working part-time or full-time? If part-time, why?
6. How did you find your job? What were the qualifications or skills required?
7. How much are/were you paid? What benefits do/did you get?
8. What do/did you really like about your job? What do/did you really dislike about your job?
9. How long have you worked/did you work at your job? If you're not working there anymore, why did you stop?
10. What kinds of jobs do most women you know have?
11. What types of jobs would you like to have? What skills would you need to get these jobs? How would you get those skills?

TRAINING

12. I know some of you are/have been involved in employment and training programs, because that's one of the things we asked you before this discussion. What do/did you do in this training?
13. What do/did you really like about the trainings? Really dislike?
14. What do/did you want to get out of it? Did that happen?
15. What would you change about the training if you could?

16. Who gives/gave the training? Where?

17. What other kinds of services were provided?

18. When did you start your training? How long have you been in it? [or] When were you in training? How long did it last?

19. Are/were you required to participate? How do/did you feel about that?

20. Let's talk about the different types of training you may have been in. What were the differences between them?

21. What do/did you do for child care while you were in training?

CHILD CARE

22. What type of child care do you have now? How did you decide on this type of care? How satisfied are you with it? Why or why not?

23. What types of child care have you had? What types of things do you think about when choosing child care?

24. Have any of you tried child care that you don't use anymore? Why don't you use it anymore?

25. If you could have any child care, what would it be? Why?

FUTURE

26. If you look at everything in your life, what are you most pleased with? Why? What would you like to change? Why?

27. What do you see for yourself in the future? For your children?

IV. Wrap-up (5 minutes)

Okay, thank you again for coming. I hope you all enjoyed this. I thought the session went very well and your responses will be very helpful in writing our report. As discussed earlier, Regina has some envelopes to give you. If you have any other questions, please contact _____. Have a good day!

APPENDIX E:

Second-Year Background Questionnaire

The following participant information was collected by the Community Coordinators after a woman had agreed to participate in the study.

1. Name
2. Address
3. Phone number
4. Number and ages of children
5. Has the person ever participated in an employment and training program? Discuss.
6. What work experience does the person have?
7. Is the person English-speaking, Spanish-speaking, or bilingual?
8. Is the person single, married, divorced, separated, other (describe)?
9. Is the person in school? If yes, level and grade? If no, highest grade completed and reason for leaving?
10. For how long has the person been receiving AFDC benefits? During this period has the person stopped receiving these benefits for any length of time? Why?
11. Does anyone or has anyone in the person's family received AFDC benefits?
12. What is the primary source of day care used by the person?

APPENDIX F:

State JOBS Program Update

The following chart provides comparative information on the status of JOBS implementation in each of the four states included in the Focus Study. NCLR gathered this information from state reports and conversations with state agency employees involved in FSA implementation.[52]

Chart 1

	TEXAS Texas JOBS	ARIZONA Arizona JOBS

Current Operating Level[a]	• Implemented in 82 of the state's 254 counties
	• 8,753 of 24,762 participants are participating at 20 hours per week[b]
	  • 9,347 in assessment
	  • 6,905 in educational activities
	  • 688 in job skills
	  • 662 in job search
	  • 1,444 in self-initiated activities[c]
		• Implemented in two of the state's 15 counties for AFDC single parent families are statewide for AFDC-UP families
		• 1,863 participants meet the 20-hour per week requirement
		  • 719 in assessment
		  • 391 in educational activities
		  • 187 in job skills
		  • 780 in job search
		  • 196 in self-initiated activities
		• Will meet federal participation rate requirement of 7% for FY 1991

State Funding[d]	• No funding for new training programs	• Minimal funding for new training programs
Pre-FSA	• REFOCUS, requiring increased use of education and training resources and prescribed a case management system	• Arizona Works, a statewide Work Incentive Demonstration Program
Distinctive JOBS Features	• Service Level Profiling[e] • Survival Skills Training[f]	• Serves all AFDC-UP Families • Comprehensive service centers[g] • Teen Parent Initiative *(see footnote)
Child Care Program	• Administered through a system of contracters including local community action agencies, child care providers, community colleges and city governments who provide the whole range of child care services including determining eligibility, providing education and training to providers and parents, making payment to providers and parents, and coordinating services in their local communities	• Administered by the state • Caseworkers conduct assessments, help parents make selections, and make authorizations. Providers paid by state
State Determined Child Care Rates	**Licensed Care** (Age - Rate) Center: <18 months - $15.55/day 1.5 - 3 yrs. old - $14.36/day 3 yrs. and older - $13.48/day Group home: <3 yrs. old - $13.78/day 3 yrs. and older - $11.66/day Family Home: <18 months - $13.78/day 1.5 - 3 yrs. old - $12.72/day 3 yrs. and older - $11.66/day[h] **Unlicensed** (Age - Rate) <18 months - $13.78/day 1.5 - 3 yrs. old - $11.93/day 3 yrs. and older - $9.94/day	**Licensed** (Age - Rate) Center: Maximums <1 yr. - $19.80/day 1 - 3 yrs. old - $17.00/day 3 yrs. to 6 yrs. - $15.00/day Certified Family Day Care 1 - 3 yrs. old - $13.00/day 3 - 6 yrs. old - $12.50/day **Unlicensed** (Age - Rate) Relative: $10.00/day for all ages
Transitional Child Care	• Recipients are notified through the mail and must arrange care through the system	• Recipients receive mailed information about the availability of transitional child care and must contact the local child care office
Transitional Medicaid	• No premiums charged in second six months of transitional year	• No premiums charged in second six months of transitional year
AFDC-UP Program	• No program prior to JOBS • Elected option to operate time-limited program which provides benefits for six out of 12 months	• No program prior to Family Support Act • Elected option to operate time-limited program - recipients receive checks every two weeks for six months • Elected option to pay-after-performance basis in JOBS

	MISSOURI	NEW MEXICO
	The Futures Program	Project Forward

Current Operating Level[1]	• Implemented in 13 of the state's 115 counties
	• 1,435 of 1,768 participants participating at 20-hours per week
	  • 150 in assessment
	  • 135 in job search
	  • 361 in job skills
	  • 557 in educational activities
	  • 265 in self-initiated activities
		• Implemented in 23 of the state's 33 counties
		• 1,604 of 8,548 participants participating at 20-hours per week
		  • 912 in assessment
		  • 665 in job search
		  • 1,867 in education activities
		  • 680 in vocational training
		• Has met federal participation rate requirement of 7%

State Funding	• No funding for new training programs	• No funding for new training programs
Pre-FSA	• No statewide welfare-to-work program • Learnfare in St. Louis, which required participants to attend school in order to receive benefits; program provided day care and paid transportation and work-related expenses	• Project Forward begun in 1987
Distinctive JOBS Features	• Policy of providing case management for all JOBS participants	• Pilot programs to incorporate higher education into Project Forward[1] • As a matter of practice, case managers may encourage clients to choose training in fields with job opportunities
Child Care Program	• Administered by the state • Encourage use of formal arrangements • Case managers provide day care counseling and make child care arrangements with contracted providers	• Administered by the state • Coordination handled by case managers
State Determined Child Care Rates	**Licensed** (Age - Rate) <2 yrs. - $10.00/day 2 yrs. and older - $8.75/day **Unlicensed** (Age - Rate) <2 yrs. - $5.50/day 2 yrs. and older - $4.75/day	**Licensed** (Age - Rate) <2 yrs. - $200/month 2 yrs. and older - $179/month **Unlicensed** (Age - Rate) <2 yrs. - $200/month 2 yrs. and older - $179/month
Transitional Child Care	• Same system for both JOBS and AFDC programs • Recipients must apply for services; case managers file applications	• Recipients must apply for transitional child care • Recipients must coordinate their own child care
Transitional Medicaid	• No premiums are charged in second six months of transitional year	• No premiums are charged in second six months of transitional year
AFDC-UP Program	• In operation since 1984: pre-FSA, provided only job search • Since FSA, AFDC-UP recipients are eligible for a range of JOBS services	• No program prior to JOBS • Since FSA, AFDC-UP recipients are eligible for a range of JOBS services • The state elected against time-limited program

Chart 1 Notes

a The Texas participation level of 8,753 represents the number of participants at 20 hours per week in May 1991. The Texas component breakdowns were recorded for May 1991. Arizona participant levels are as of June 1991.

b Some of the major JOBS programs components are: **Assessment.** The state determines the education, training and support service needs, as well as evaluating the skills, work experience and employability of JOBS participants. **Education Activities.** These include, for example, General Educational Development (GED), Adult Basic Education (ABE), and English as a Second Language (ESL) instruction. **Job Search.** Requires participants to seek out prospective employers, through sources like the newspaper and phone book, and contact them about employment opportunities. **Job Skills Training.** Participants receive a combination of classroom work and hands-on experience designed to prepare them for a particular vocation. **Self-Initiated Activities.** Educational activities or training programs initiated by participants can be approved as JOBS programs by the state, if they meet certain requirements related to the course of study, hours of participation and progress made in the program. If the activity is approved as a JOBS activity, the state must provide child care and other supportive services. **Vocational Training.** Participants receive training in a skill or trade to be pursued as a career.

c The total number of participants at 20 hours per week differs from the total number of participants in individual components because: a) some participants participate in more than one component, and b) states can combine participants' hours to count as two people participating at 20 hours per week. For example, a person participating at 25 hours a week and a person participating at 15 hours per week can be counted as two people participating at 20 hours per week.

d Low-income advocates have raised concerns about how states will undertake their new responsibilities under FSA in the wake of budgetary belt-tightening, and how programs and policies will be structured to meet both FSA's requirement and client needs. Some of the questions surrounding JOBS implementation are: What programs will states offer clients? How will states be able to meet federal program participation quotas, which in turn affect the amount of federal money states receive? Which clients will states target? At what level will states provide clients with reimbursements and transportation subsidies? How will states use existing programs which operate near capacity or have limited effectiveness?

e Service Level Profiling places AFDC recipients into one of three categories based upon their skill levels. Service Level I recipients are those with high school diplomas or GEDs, recent work experience, and viewed by the states as needing minimal assistance in securing employment. Service Level II recipients are those who require some additional education, job training, and job placement assistance. Service Level III recipients are those who have substantial barriers to employment which may include low educational attainment, lack of work experience, and limited English proficiency.

f Service Level II recipients receive survival skills training. This training is composed of 10 group sessions covering topics such as nutrition, money management, crisis management, and assertiveness. The aim of these sessions is to improve participant self-esteem and self-sufficiency.

g Comprehensive Service Centers are a central feature of the Arizona JOBS program. These centers are designed to offer an array of AFDC-related services and minimize participant travel between offices. For example, JOBS participants may attend educational classes at the same location where they meet with case managers and child care workers. As of May 1991, the state had established centers in Tucson and Phoenix, and planed to open three more.

h These are the maximum rates for the Dallas-Fort Worth area and for the state. There are 10 regional areas that each have a set of maximum rates which vary according to the age of the child and the type of child care provider. The maximums are set at the 75th percentile of the local market rate for each area.

i Missouri participant levels are as of June 1991. The New Mexico participant level of 1,604 represents the average number of participants at 20 hours per week for the months of May-July, 1991; the participant levels by component are as of June 1991.

j One pilot program is in operation at the New Futures School in Albuquerque. This alternative school for pregnant and parenting teens enrolls Project Forward participants who receive on-site day care and counseling services provided by the state. The state has also opened a teen residence for New Futures students participating in Project Forward who are at risk of becoming homeless. To be eligible, students must stay in school, remain AFDC eligible, and participate satisfactorily in the JOBS program. On-site counselors provide 24-hour supervision, guidance, and assistance.

ENDNOTES

1. *The Hispanic Population in the United States: March 1990,* Current Population Reports, Series P-20, No. 449, U.S. Department of Commerce, Bureau of the Census, Washington, D.C., 1991.
2. *Overview of Entitlement Programs: Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means,* U.S. House of Representatives, Committee on Ways and Means, Washington, D.C., 1991.
3. NCLR released the first-year report, *On My Own: Mexican American Women, Self-Sufficiency, and the Family Support Act,* in December 1990.
4. Focus group discussions are a form of qualitative research in which participants reveal attitudes and opinions about certain predetermined topics. Participants are non-randomly selected. Groups generally consist of eight to 10 participants who receive a stipend for their time. Discussions usually last about two hours. A moderator leads the discussion using a set of questions called a "discussion guide." The discussion guide questions should be flexible enough to allow discussions to evolve, but structured enough to ensure that necessary topics are covered. The moderator uses neutral questioning techniques that challenge participants' thinking without indicating a correct or favored response. Focus group research is generally not longitudinal.

   According to LaScola Quantitative Research in Washington, D.C., focus groups are a form of qualitative research used to develop an in-depth understanding of attitudes and behaviors, and direction for planning or further research. Because of the small number of people interviewed and the non-random method of recruitment, focus group findings cannot be evaluated quantitatively, or generalized to the broad population.
5. Focus group participants were recruited from low-income communities; however, NCLR did not verify each participant's income.
6. NCLR is an organization dedicated to serving all Hispanic Americans. To the extent that data sources permit, NCLR conducts research which disaggregates information for each Hispanic subgroup. In the case of the Focus Study, one subgroup was selected for study because resources did not permit a comparative study of different subgroups. The Census Bureau reported the March 1990 Hispanic population as Mexicans (64.0%), Puerto Ricans (10.5%), Cubans (4.9%), Central and South Americans (13.7%), and other Hispanics (6.9%). See *The Hispanic Population, op.cit.*
7. The National Puerto Rican Coalition (NPRC) has released its first-year report on the Focus Study. See Jose E. Cruz, *Implementing the Family Support Act: Perspectives of Puerto Rican Clients,* The National Puerto Rican Coalition, Inc., Washington, D.C., May 1991. The National Urban League has also completed a report on the first year of its focus group study of African Americans. See Anne D. Hill, *Report of the National Urban League Family Support Act Focus Group Session,* The National Urban League, New York, July 1991.
8. Focus group participants were recruited by Community Coordinators using a detailed recruitment guide developed by NCLR, with substantial over-the-phone technical assistance from NCLR staff.

   The recruitment guide described the following steps:

   1) Community Coordinator identification of recruitment sources. Community Coordinators identified sources for recruiting focus group participants. These sources were:

Phoenix:	Valle del Sol, Friendly House, Phoenix South Community Mental Health Center, Wesley Community Center, Chicanos Por La Causa's Chicano Women's Support Program, Phoenix.
Mora:	Luna Vocational Technical School, Las Vegas (NM); New Mexico Department of Human Services, Las Vegas (NM); Home Education Livelihood Program, Mora; Public Field Health Office, Mora; Housing Authority, Mora.
Pharr:	Texas Department of Human Services, McAllen, Pharr, San Juan, and Alamo.
Kansas City:	Guadalupe Center, Incorporated's Emergency Assistance Program, Richard Cabot Health Clinic.

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2) Community Coordinators developed a pool of potential participants. Community Coordinators made informal contact with women in the recruitment pool. Community Coordinators were instructed to:

- Explain that they were involved in a study of people in the community, but not reveal any specific information about the study;
- Ask potential participants their name, age, and whether or not they receive AFDC.

On the basis of these informal contacts, Community Coordinators made lists of potential participants.

3) Community Coordinators conducted interviews with potential focus group participants. During these interviews, Community Coordinators were to determine if potential participants were:

- Available during the scheduled focus group time;
- Likely to participate if selected;
- Likely to contribute to the focus group; and
- Proficient in English and/or Spanish.

4) Community Coordinators invited interviewees to participate. Once the Community Coordinators made the above determination, they requested the following information:

- Name, address, phone number;
- Number of children and ages;
- Employment and training program experience;
- Marital status;
- Educational attainment;
- Length of time on AFDC;
- If AFDC receipt had stopped for any length of time and why; and
- Whether the person would need to participate in a focus group conducted in English or Spanish.

9. All but one of the first-year focus groups were held with women who were monolingual in English or bilingual English/Spanish. In Kansas City, two of the participants spoke only Spanish. The moderator therefore spoke to each participant in her preferred language, and attempted to translate from one language to another so that all participants could follow the conversation.

10. Focus group participants were not recruited from the JOBS program. Although some women described experiences that could reflect implementation of FSA, they often could not precisely identify the types of programs with which they were involved. Based on the comments of the women themselves, we estimate that approximately eight were JOBS participants.

11. This division did not produce any noticeable difference in the composition or content of the focus groups.

12. This distinction presented difficulties in both Mora and Pharr:

    - In Mora, all but one of the women scheduled for the Spanish-speaking group were fully bilingual. The facilitator therefore asked them to decide in which language they wanted to hold the discussion. The participants selected
    - English; the one woman who was not fully proficient in English requested that the facilitator speak in English and she respond in Spanish.
    - In Pharr, two of the women in the Spanish-only group were bilingual, meaning that their experiences do not reflect those of women who do not speak English. In the group scheduled to be conducted in English, two of the women were monolingual Spanish speakers. Because the other women were bilingual, most of the focus group discussion was in Spanish.

13. Although little research on training program effectiveness has focused on Hispanics, a 1989 NCLR study of Hispanic participation in the Job Training Partnership Act (JTPA) program concluded that "the extent to which training programs contribute to increases in earnings depends upon the type of assistance participants receive, the duration of program services, and the quality of services provided." This study also found that Hispanics' "wage rates at placement indicate that the type and quality of services provided do not qualify them for better-skilled, higher-wage jobs. See Fred Romero and Judith Gonzales, *Falling Through the Cracks: Hispanic Underrepresentation in the Job Training Partnership Act*, National Council of La Raza, Washington, D.C., February 1989.

14. According to the U.S. Bureau of the Census, in March 1990, 9.8% of Mexican American women were in the labor force but unemployed, compared to 8.6% of Mexican American men and 4.9% of non-Hispanic women.

    In 1989, the Census Bureau calculated that 36.2% of Hispanic single mothers worked 50 or more weeks during the year and that the poverty rate among working Hispanic single mothers was 30.8%. According to a recent report by the National Displaced Homemakers Network and the Institute for Women's Policy Research, "one-third of those 'leaving' welfare for low-wage employment are already employed, another third have recent work experience, and a substantial number of those in a spell of low-wage employment continue to receive welfare." *See: Low-Wage Jobs and Workers: Trends and Options for Change: A Summary Research Report,* National Displaced Homemakers Network and Institute for Women's Policy Research, Washington, D.C., November, 1989, p. 17.

    The Bureau of Labor Statistics (BLS) categorizes 28.7% of Hispanic part-time women workers as "part-time for economic reasons." BLS also calculates that 86.3 % of unemployed Hispanic women are seeking full-time employment. Unpublished BLS data, June 1991.

15. According to a recent analysis of Census Bureau data, the percentage of the income gap between Hispanic women and White men attributable to discrimination falls within a 30-40% range, compared to a 10-18% range for the gap between Hispanic men and White men. See Claire Gonzales and Francisco Lopez, *The Empty Promise: Civil Rights Enforcement and Hispanics, Summary Report,* National Council of La Raza, Washington, D.C., July 1991.

16. The first-year study did not examine the ways in which U.S.-born, English-proficient women's attitudes, opinions, and needs differ from those of foreign-born, nonEnglish-proficient women.

17. Very little research has focused on Hispanic child care arrangement patterns and preferences. However, according to data collected by the Census Bureau, Hispanics are more likely to use child care provided by relatives than are Blacks or Whites, and are less likely to use school- or center-based care. A recent study of Puerto Rican AFDC recipients found that 38% of Puerto Rican mothers, compared to 14% of Black mothers, believed that "kids would not learn as much in day care as at home." This same study found that 65% of the Puerto Rican mothers, compared to 28% of the Black mothers, believed that "kids lack enough attention at day care centers." See *Who's Minding the Kids?,* U.S. Department of Commerce, U.S. Bureau of the Census, Washington, D.C., July 1990, and Luis A. Duany, "Puerto Rican Welfare Recipients in New York City: Effective Service Delivery to Those Most in Need," *The Journal of Hispanic Policy,* Volume 5, 1991.

18. All responses given in Spanish have been translated into English in this publication. NCLR staff translated responses from Spanish to English based on the focus group tape recordings.

19. In the afternoon focus group in Mora, most women cited divorce or separation from their husbands as the reason for receiving AFDC.

20. According to the Texas Department of Human Services and the Texas state plan for JOBS, the state categorizes its AFDC recipients according to their skill levels. Those who the state feels can become employed within a year receive intensive case management and services. Those with significant barriers to self-sufficiency, such as limited English proficiency, are referred to training and service providers, who become responsible for placing them in JOBS activities. As indicated by the responses of some women in the focus groups, the training programs in which they are placed may not necessarily address their most serious barriers or help them cultivate useful skills.

21. Federal rules regarding earnings make it difficult for AFDC recipients to supplement AFDC without risking reduction or loss of their AFDC grants. The formula requires states to count all earned income except: (1) the first $90; (2) the next $30 plus one-third of the remainder; and (3) allowable child care deductions. After four months, the one-third allowance is no longer permitted.

    To illustrate this point, consider the following scenario:

    Maria, a single mother of two, has recently become employed in a fast food restaurant where she works 30 hours per week at $4.25 per hour. Her monthly gross salary is $510. The state deducts $90, reducing her countable income to $420. The state then deducts $30 and one-third of the remainder, bringing Maria's countable income to $260. Assuming Maria has no child care deductions and resides in Texas, Maria would lose her AFDC eligibility immediately, because her countable income exceeds the state's AFDC payment standard of $184 per month. If Maria lived in New Mexico, where the payment standard is $310 per month, she would be eligible for a monthly grant of $50. After four months, when she was no longer permitted the one-third allowance, she would lose her AFDC eligibility, despite the fact that her annual income was only 61 % of the three-person poverty line. Under FSA, Maria would be eligible for transitional Medicaid. However, if she

were unaware of these services, she might not provide the necessary information to the state in order to receive the transitional services. Without proper medical coverage, Maria might have to leave her job, should a medical emergency occur.

22. In Kansas City, several women also believed that a private business school was applying for Pell grants on behalf of its students, then collecting the grant monies as well as tuition from the students.
23. *On My Own, op.cit.*
24. Unpublished data from Data Network Services, Phoenix, Arizona, 1985.
25. Unpublished data from Phoenix South Mental Health Center, Phoenix, Arizona, 1980.
26. *Department of Economic Security Report 15-1,* Section 700, Arizona Department of Economic Security, Phoenix, Arizona, June 1991.
27. *Money Income and Poverty Status in the United States 1989,* Current Population Reports, Series P-60, No. 168, U.S. Department of Commerce, U.S. Bureau of the Census, Washington, D.C., 1990.
28. *Youth Opportunities Unlimited Proposal,* New Mexico Department of Labor, Albuquerque, New Mexico, February 21, 1990.
29. Unpublished data from the New Mexico Department of Labor, Albuquerque, New Mexico, 1990.
30. *Ibid.*
31. *Youth Opportunities Unlimited Proposal, op.cit.*
32. Unpublished data from the New Mexico Department of Labor, *op.cit.*
33. *Ibid.*34.*Human Services Register,* New Mexico Human Services Department, Albuquerque, New Mexico, 1990.
35. *Human Services Register, op.cit.*
36. *Money Income and Poverty Status in the United States 1989, op.cit.*
37. *Community Profile of the Rio Grande Valley of Texas,* Rio Grande Valley Chamber of Commerce, Weslaco, Texas, 1989.
38. *Ibid.*
39. *Primary Health Care Program Continuation Application for FY 1991,* Hidalgo County Health Care Corporation, Pharr, Texas, August 1990.
40. *Hidalgo-Willacy Consortium SDA Planning Information,* Texas Employment Commission, Austin, Texas 1988.
41. From a report by Frank Vasquez, Executive Director of Hidalgo County Health Care Corporation, to the Conference on Health and Mental Health Issues on the U.S.-Mexico Border, El Paso, Texas, September 11, 1990.
42. *Primary Health Care Program Continuation Application for FY 1991, op.cit.*
43. *Sales and Marketing Management Magazine,* p. C-163, August 1990.
44. *Money, Income and Poverty Status in the United States: 1989,* U.S. Department of Commerce, U.S. Bureau of the Census, Washington, DC, 1990.
45. *1990 Census of Population and Housing,* Mid-America Regional Council, Kansas City, Missouri.
46. Shifra Stein, *Kansas City: A Unique Guide to the Metro Area, 1986.*
47. Unpublished data from the Mid-America Regional Council Research Data Center, Kansas City, Missouri, 1989.
48. Unpublished data from the Guadalupe Center, Incorporated, Kansas City, Missouri, 1990.
49. *Ibid.*
50. *Income Maintenance Manual,* Division of Family Services, Missouri Department of Economic Security, Jefferson City, Missouri, July 1990.
51. *Money, Income and Poverty Status in the United States 1989, op.cit.,*52.Information sources by state are as follows:

Texas

Reports: *Job Opportunities and Basic Skills Training Program Plan,* Texas Department Of Human Services, Austin, Texas, 1990.

Texas Department of Human Services: Shelley Bjorkman, Child Care Program Specialist; Charlotte Brantley, Director of Child Care Policy; Jack Eschelman, Director of Employment Services; Boyd Graves, Program Specialist; Lea Isgur, Statistical Analyst; Margaret Lane-Mendoza, Statistical Analyst;

Anne Payne, Director of Policy Coordination Services; T. Douglas Sanders, Administrator for Program Operations Support and Review; Ellen Skinner, Section Manager of Program Policy; Karen Stewart, Program Specialist.

Arizona

Reports: JOBS and Supportive Services State Plan, Arizona Department of Economic Security, Phoenix, Arizona, October 1989.

Arizona Department of Economic Security: Gretchen Evans, Project Manager, the Family Investment Initiative; Bruce Liggit, Child Care Program Manager; Barbara Ledder, AHCCCS Liaison; Ruby Morris-Smalls, Employment Enhancement Manager, Employment and Training Administration.

New Mexico

Reports: *JOBS Program and Supportive Services Plan, State of New Mexico Human Services Department Employment Assistance Program*, Santa Fe, New Mexico, 1990.

New Mexico Human Services Department: Marise McFadden, Project Forward Program Director; James Webber, Project Forward Policy Specialist.

Missouri Department of Social Services

Reports: *JOBS and Supportive Services State Plan*, Missouri Department of Social Services, Jefferson City, Missouri, 1990.

Missouri Department of Social Services: Richard Koon, State Futures Administrator; Theresa Pratt, Program Development Specialist, Division of Family Services.

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